

the Congress is considering taxing other governmental entities on income which is used for governmental purposes such as building roads, hospitals, medical clinics, and providing education to children. My analysis of why this tax of up to 35 percent of net revenue is being considered only on Indian tribes, and not on the gaming activities of State and local governments, lead me to the conclusion that our new majority believes they can use the Indians yet again as a political punching bag to beat up on and take advantage of. Why is it that the party which comes to this well everyday to decry the "tax and spend Democrats" is so anxious to raise a new tax, but only on American Indians?

I was not surprised when the Washington Post published an editorial in opposition to this proposed tax, but today even the Washington Times editorialized against the idea. When this action is considered in the context of the 11-percent cut in funding for the Bureau of Indian Affairs contained in the Interior appropriations conference report we will consider later today, it is clear that the assault on America's favorite whipping boy has resumed. This action is especially hard to accept when money which could be used to provide educational opportunities to the poor, the same problem our Speaker spoke so forcefully in favor of last week, will be used to give tax breaks to those making up to \$200,000 per year.

Mr. Speaker, this is not the course we should be taking, and I urge my colleagues to vote against these attacks on the American Indians.

Mr. Speaker, I also urge my colleagues to provide a better procedural format so that Indians could be recognized. Mr. Speaker, we have 545, to my last reading, sovereign Indian tribes as part of our Nation's heritage. Yet, after these processes over the years, our first policy was let us kill off the Indians, then let us assimilate and make them part of the American society; and then after that, no, let us terminate them. Now, Mr. Speaker, we are going through the process of let us recognize them again.

Mr. Speaker, it is time we make these changes to better the needs of the first Americans.

Mr. Speaker, I submit the following editorial for the RECORD:

[From the Washington Times, Nov. 7, 1995]

TAXING THE TRIBES

Given all the hype about gambling on Indian reservations, it's Foxwoods—the wildly successful casino complex run by the Pequot tribe in Connecticut—that probably comes to mind when the subject comes up.

But Foxwoods is not representative of all tribal gaming efforts. Most reservations are in remote locations, far from the sort of densely populated cities that provide customers for the Pequots; without the same volume of business enjoyed by the Pequots, most tribes' casinos struggle to produce modest revenues. Even so, conferees on the budget reconciliation bill will be deciding whether to impose a new federal tax on those gaming revenues, a tax that will range from

15 percent to 35 percent of casino income. The Republican Congress should not be in the business of instituting new taxes: The Indian gaming tax should be discarded in conference.

House tax writers seem to have fixed on tribal gaming as a convenient source of revenue for the federal Treasury. In political terms it is understandable: At least at Foxwoods and a few other well-placed Native American casinos, there is a lot of money being generated; and Indians are not a potent voting bloc. In other, substantial cash can be had without generating substantial constituent backlash. But in constitutional terms, the tax is dubious at best.

The way the tax is written, tribal governments are treated as non-profit organizations, and the gaming revenues are treated as "unrelated business income." It must be news to the tribes that they are mere charities, rather than sovereign governmental entities. On reservations, tribal authorities are the local governments, both in fact and in well-established law. Yet the House would treat these recognized governments differently than every other non-federal governmental entity: That is, there is no proposal to tax the gaming revenues produced by state-sponsored gambling.

Tribal governments have been struggling for decades to develop businesses and enterprise on reservations, often with little luck. Conditions are bleak enough on many reservations that alcoholism is high and life expectancy is low. Gambling may not be an economic panacea, but the casino business has helped provide an economic base that many tribes have used for building prosperous communities with diverse industries. When tribal governments use gaming revenues to build housing and infrastructure and employment, they are engaged in legitimate governmental activities, not unlike states that use their lottery proceeds for road construction, prison building or education.

The more that tribes are able to build thriving economies in their own territories, the less they will be dependent on funding from Washington. This is not just an issue of whether in the long run the balance sheet will be positive or negative with new Indian gaming taxes, it is an issue of paternalism. Even if Washington were to return to the tribes, in the form of aid, all the money it takes away in taxes—frankly, an unlikely prospect—the problem would remain that the federal government would be hindering Indian self-sufficiency.

Most tribes engaged in federally approved gaming already pay taxes of benefits of one sort or another to the states in which their reservations are located. Foxwoods, for instance, pays the state of Connecticut some \$200 million. To add a federal tax to that burden, especially when the state's competing lottery games are not taxed, is simply unfair. The Senate version of the spending bill does not call for the new tax on the tribes. If for no better reason than that Republicans should not be in the business of increasing anybody's taxes, conferees should stick with the version and jettison the House tax on Indian gaming.

A DARK DAY FOR WOMEN ON CAPITOL HILL

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentlewoman from Colorado [Mrs. SCHROEDER] is recognized during morning business for 5 minutes.

Mrs. SCHROEDER. Mr. Speaker, I thank the Speaker for recognition, and I rise to say this is really a very dark

day for women in this Capitol, because it appears that what we did with such rush in this House last week is going to be rushed through the Senate even faster; that they are going to move expeditiously to outlaw a certain procedure and criminalize doctors that to it for late-term abortions, without having any hearings.

Mr. Speaker, in this House we acted on a 2-hour hearing where only one of the two panels was able to participate. The doctor who was accused was not able to come, and may other things; with drawings that have been discredited. Now, they seem to be actively moving to only compound the error.

Mr. Speaker, I must say no matter what anyone's position on abortion is, I feel these are ones that if you sat down and gave the life stories and the circumstances around them, almost every family, almost every grandmother in America would feel that the woman and her family had the right to that kind of medical treatment.

I have just come from a rally going on outside the Supreme Court where, again, women came forward and explained their very, very tragic circumstances around having to have this procedure.

Today a woman named Vicki Seles stood up and said she was diabetic. Everything went very well until about her 28th week, and at that point they realized that the fetus had so many anomalies they were totally inconsistent with life and that her life too could be threatened, because being a diabetic they had to be very careful about what kind of procedures she could and could not go through. And so it was with great pain, great sorrow, great everything that this pregnancy was ended with this method which was determined to be the safest for her because it preserved her reproductive organs. It kept the bleeding to a minimum, which is so important for diabetics and so many other things. But I do not want to pretend that I am practicing medicine without a license because obviously I do not have a medical license.

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But she stood out there on the steps of the Supreme Court saying she is now 30 weeks pregnant with a healthy fetus, that this is going along well, how excited she is. She has had this opportunity to once again try to become a mother and that she and her husband have been so excited about this happening. It appears now that all of this is going well and that she would not have had that option had the fetus died in utero, which it appeared it could, and then all sorts of emergency procedures start happening and probably in all instances her entire reproductive system would have been removed in some kind of an emergency procedure.

Now, these are the types of things that we criminalized last week. We did not even allow an amendment for the life of the mother or the future health of the mother to be considered. I find

that absolutely astounding that this body would shut off that kind of debate and ram it through here only to be even more astounded this week that the other body is going to ram it through even faster it they possibly can.

I think the real reason this issue is so terribly painful is that you are talking about the life of the mother plus a future life of a potential fetus. But do we really as a Congress, men and women, think we have the right to come down and make that determination, and do we really have the right to criminalize any doctor, to excuse him of being a criminal for providing that procedure. If you read the bill, it is very clear that the doctor can only use the woman's life as a defense after he is arrested and on trial and then only if that doctor alleges there was no other procedures available, not a safer procedure, just no other procedure.

Of course, you can have a total removal of the organs; you could have all sorts of other procedures that might be much more dangerous for the women, but that is not a defense. So I must say, it is a sad day, Mr. Speaker.

Mr. Speaker, I include for the RECORD a letter that I have sent to Members of the other body about this issue and another letter dealing with the inaccuracies of the drawings this body was exposed to last week done by a doctor.

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, November 6, 1995.

DEAR SENATOR SPECTER: I understand that H.R. 1833, the Canady-Smith bill to ban late term abortion procedures, will be before the Senate tomorrow. The issue before you is about one of the greatest tragedies that can befall a family—a wanted pregnancy that goes terribly wrong, either because serious fetal anomalies are discovered late in the pregnancy, or because the woman develops a life-threatening medical condition that is inconsistent with continuing the pregnancy.

The bill you will debate on Tuesday would horribly burden these families. It would preclude many women from having access to the best option available to them in terms of reducing the risk to their lives, their health, and their future fertility. Please, on the behalf of these families, send this bill back to the appropriate Senate committee for thorough hearings.

The House bill is based upon an incomplete hearing record and a cursory House debate. The legislation criminalizing an abortion procedure is unprecedented and demands a hearing record and debate more thorough than the House conducted.

As a member of the House Judiciary Subcommittee on Constitutional Rights, I can attest that the hearing record was incomplete. First, we held only one two-hour hearing. Two panels were originally scheduled to testify. The hearing was cut short and the scheduled second panel to deal with legal issues did not occur. The only scheduled witness was to present the proponents' legal interpretation of the bill. Only the Ranking Democrat, Rep. Barney Frank (D-MA), was allowed to ask questions of the first panel. It was only after considerable protest that I or any other members opposed to the legislation were allowed to ask further questions.

Second, no one with first-hand experience with the procedure testified. Dr. Martin Has-

kell, whose words were taken out of context and used as arguments to pass the legislation, never got a chance to testify, although as the enclosed letter explains, was willing to.

Further, proponents of H.R. 1833 pointed as reasons for passing the bill, an "eyewitness" account by Nurse Brenda Shafer who worked for three days as a temporary nurse in Dr. Haskell's office, yet Ms. Shafer never testified and her account has been contradicted and discredited by both Dr. Haskell and his head nurse Christie Gallivan, who supervised Ms. Shafer.

Third, throughout the hearing, proponents of H.R. 1833 displayed an illustrator's interpretation of the procedure. Yet, the illustrations were never medically certified by a qualified physician with first hand knowledge of the procedure attesting to its medical accuracy. In fact, Dr. J. Courtland Robinson, an M.D., M.P.H. from Johns Hopkins University School of Hygiene and Public Health, has labeled these illustrations "highly imaginative and misleading." (See attached letter.)

The rule in the House barred any amendments from being offered and provided only one hour of debate. Opponents of the bill were not able to offer amendments to allow doctors the discretion to use the proposed banned procedures if the life or health, including a woman's future fertility, were endangered. The short time allotted for debate did not allow opponents time to discuss the type of health problems that would cause a family to consider this procedure. Nor did it give us any time to discuss why this option for some women may be the safest option for their situation.

It would be a legislative travesty if this bill is hurriedly passed based upon the House's deficient hearing process. American families who may find themselves in these tragic situations deserve better.

Sincerely,

PATRICIA SCHROEDER,
Member of Congress.

JUNE 28, 1995.

Hon. CHARLES CANADY,

U.S. House of Representatives, Washington, DC.

DEAR CONGRESSMAN CANADY: I would like to submit, for the record, a clarification regarding statements I made in the House Judiciary subcommittee hearing on H.R. 1833, July 15, 1995. Evidently these statements are being misinterpreted by those who support your legislation to imply that I revised earlier comments submitted to Members of Congress. These interpretations are incorrect.

When discussing drawings presented to the hearing which purport to be depictions of an intact D&E or, as it is sometimes called, a D&X abortion, I stated that the drawings presented were "technically correct." This is true—the drawings are "technically correct" in that they represent a rough characterization of what is present, and in what position, during such a procedure. A representation—in words or pictures—can be technically accurate, however, and still fall far from the mark in representing the truth of what it describes.

There are many substantive inaccuracies in the drawings presented. For example, the clear implication of the drawings is that the fetus is alive until the end of the procedure, which is untrue. The stylized illustrations further imply that the fetus is conscious and experiencing pain or sensation of some kind—which is also obviously untrue. Finally, the fetus depicted is shown as perfectly formed (indeed, proportionally larger in relationship to the woman than it ought to be), when in fact a great number of such procedures are performed on fetuses with severe genetic or neurological defects. All of

these factors, as well as the rudimentary, even crude, nature of the sketches added up to a picture that is, as I previously stated, highly imaginative and misleading.

Just as the drawings presented misrepresent the nature and practical reality of the surgery, your edited public distribution of some of my words misrepresents the substance of my statements. I would respectfully request that you and your staff refrain from further mischaracterizations of my comments and my medical opinion on this matter. Please include this letter as part of the formal record of the above-mentioned hearing.

Sincerely,
J. COURTLAND ROBINSON, MD, MPH.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SHAYS). The Chair will remind the Member not to characterize the action of the other body, the Senate.

MORE ON H.R. 1833, PARTIAL- BIRTH ABORTION BAN ACT OF 1995

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentleman from Tennessee [Mr. BRYANT] is recognized during morning business for 5 minutes.

Mr. BRYANT of Tennessee. Mr. Speaker, it is my pleasure to come down and speak this morning on behalf of the bill that passed this House last week by an overwhelming majority. In fact, what is known up here as a veto-proof majority, one that would survive a President's veto, should the President veto it.

This is H.R. 1833, the bill that has already had some comments from this House floor this morning. I was proud to support this bill because I think it is a fair bill, and I think it is one that does away with a very grisly medical procedure. By the number of votes that it had last week in its passage in this body by a margin of 288 to 139, we see that there were Members on both sides of the aisle who joined in in support of this bill.

I am proud to say that I do not particularly like labels, but if you want to use pro-choice and pro-life labels up here in Washington, which is apt to happen on occasion, there were many, I would be pro-life in that category. There were many on the other side who were pro-choice, I am proud to say, many of our colleagues on both sides of the aisle who are pro-choice who voted in support of this amendment. In fact, it is a procedure that is grisly, that is gruesome.

Probably, taking aside all the issues of morality or lack of morality of choice or of no choice, taking religion out of this issue, I think one of the most persuasive factors that caused Members to vote for this was the vote that the AMA's own Council on Legislation had on this particular bill. This is a group of 12 doctors, the Council on Legislation, as a part of the American Medical Association. The American